

APPOINTMENT/AFFILIATION NOTICE

(Fee: \$20.00 per appointment or affiliation)

TO: Office of the Insurance Commissioner

US Postal Mailing Address:

POB 40257

Olympia, WA 98504-0257

Phone: (360) 725-7144

Physical Address:

Insurance 5000 Bldg.

5000 Capitol Blvd.

Tumwater, WA 98501

FROM:

Name of Insurance Company or Corporation or Health Care Provider

License ID#
(PIC/CIC)

Address

City

State

Zip

DATE:

Month

Date

Year

RE:

Name of Appointee or Affiliate, Exactly as Licensed

License ID# or WAOIC#
(PIC/CIC)

DO NOT USE NPN

Resident Address

City

State

Zip

SS # or FEIN

The above named is hereby appointed or certified to be affiliated as an ☐ Agent ☐ Broker
☐ Surplus Line Broker, and/or ☐ Adjuster, by the company, corporation or contractor named above
to transact the following kinds of insurance.

*Life

*Disability

Credit L & D

Travel

*Casualty

*Property

Rental Car Agent

Credit Casualty

Vehicle

Title

Surety

Independent Adjuster

Public Adjuster

Specialty Producer

***When appointing for any of these lines of authority, the appointee must be licensed for the same lines of authority as the appointing insurer.**

The appointment or affiliation is subject to restrictions which may be placed upon the authority of the agent by the appointing or certifying authority, and to the existence of a valid license issued to the appointee or affiliate by the Insurance Commissioner of the State of Washington.

Signature of Appointing or Affiliating Authority